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## **POISONINGS**

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### **PRIORITIES**

Assure rescue personnel safety

ABC's

Determine degree of physiological distress

Obtain vital signs, history and complete physical assessment including the substance ingested, the amount, time and route.

Bring ingested substance to hospital with patient, unless substance is suspected or known hazardous material

Consider contacting poison control

Consider early transport to the closest appropriate hospital

### **FIELD ASSESSMENT/TREATMENT INDICATORS**

Altered level of consciousness

Signs and symptoms of substance ingestion, inhalation, injection or surface absorption

History of substance poisoning

### **PARAMEDIC SUPPORT PRIOR TO BASE HOSPITAL CONTACT**

1. Assure and maintain ABC's
2. Oxygen therapy as clinically indicated, obtain oxygen saturation on room air, unless detrimental to patient condition
3. Monitor cardiac status
4. Obtain vascular access at a TKO rate or if hypotensive administer 500cc fluid challenge to sustain a B/P  $\geq 90$ mmHg. Pediatrics with B/P  $< 80$ mmHg give 20cc/kg IVP and repeat as indicated
5. Charcoal 50gms for adult (pediatrics 1gm/kg). Administer P.O. if alert with a gag reflex or via NG tube if ALOC or no gag reflex. Charcoal is contraindicated with caustic ingestions.

**PRECAUTION:** Insertion of NG tube in conscious patient may lead to aspiration- airway management must be continually assessed.

6. For known organophosphate poisoning, give atropine 2mg IVP, repeat at 2mg increments if patient remains symptomatic (ie: excessive salivation, lacrimation, urination, diarrhea, vomiting, constricted pupils)

### **BASE HOSPITAL MAY ORDER THE FOLLOWING**

- \*1. For phenothiazine "poisoning", administer diphenhydramine 25mg IVP or 50mg IM for ataxia and/or muscle spasms
- \*2. For tricyclic poisonings, administer sodium bicarbonate 1mEq/kg IVP for tachycardia, widening QRS or ventricular arrhythmias
- \*3. For calcium channel blocker poisonings, administer calcium chloride 1gm (10cc of a 10% solution), if hypotension or bradycardic arrhythmias persist
- \*4. For betablocker poisonings, administer glucagon 1mg IVP
- \*5. Repeat atropine in 2-4mg increments until symptoms are controlled

\*May be done during radio communication failure